

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/517286

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2			1				
3	2		1				
4	2		1				
5	2		1				
6	2		1				
7	2		1				
8	1		1				
9	0		1				
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50							
TOTAL IND.		↓	/	↓		↓	
TOTAL DEP.	←		8	←		←	
TOTAL CLAIMS			9				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.		↓		↓		↓	
TOTAL DEP.	←		←	←		←	
TOTAL CLAIMS			9				